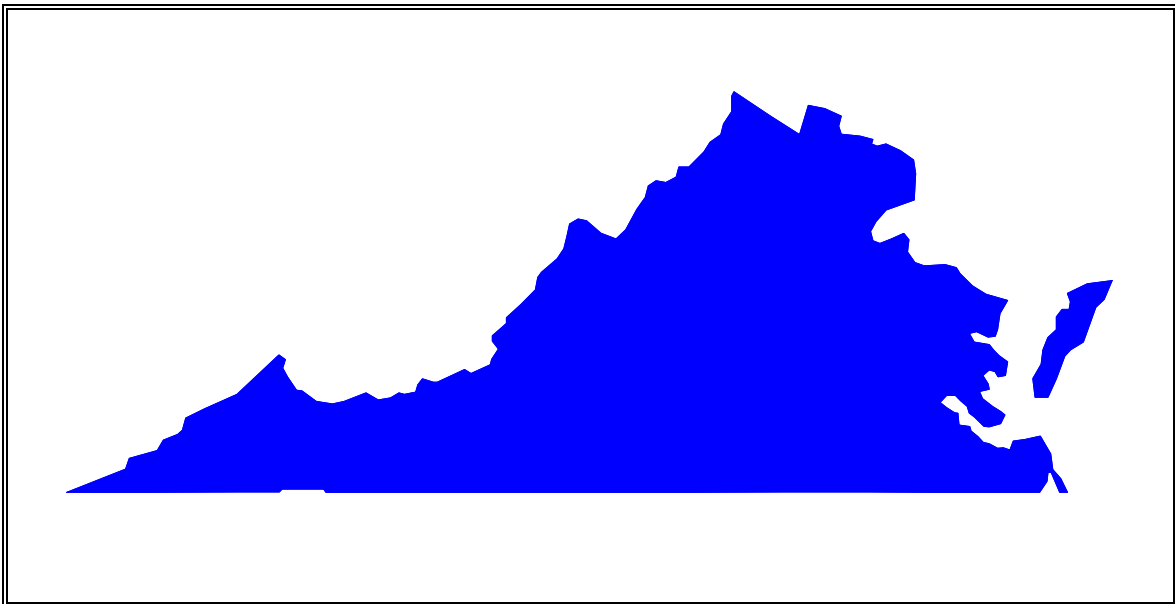


Virginia Department of Medical Assistance Services

Companion Guide

**For Payer Specification Sheet for Virginia Medicaid
Version 5.1**

Document Version 1.3 Updated 04/01/2008



**NCPDP Transaction
VERSION 5.1**

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VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 –	Original Implementation	
Version 1.1 - NPI modifications	Modified comments regarding provider number and qualifier Transaction Header Segment – Service Provider ID Qualifier Transaction Header Segment – Service Provider ID Prescriber Segment – Prescriber ID Qualifier Prescriber Segment – Prescriber ID	03/09/07
Version 1.2 –	Changed for Contingency Dual use Period.	06/06/2007
Version 1.3 –	Changed for NPI Compliance Removed highlighting from previous version. Modified NPI Notes in the <i>Virginia Medicaid Claims SPECIAL CONSIDERATIONS for NCPDP Version 5.1</i> Section. Modified comments regarding provider number and qualifier Transaction Header Segment – Service Provider ID Qualifier Transaction Header Segment – Service Provider ID Prescriber Segment – Prescriber ID Qualifier Prescriber Segment – Prescriber ID	04/01/2008

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The NCPDP Telecommunications Standard Version 5.1 implementation guide has been established as the standards of compliance for Point-of-Sale claim transactions.

The following information is intended to serve only as a companion guide to the NCPDP Telecommunications Standard Version 5.1 implementation guide. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the NCPDP Telecommunications Standard Version 5.1 implementation guide.

To request a copy of the NCPDP Standard Formats or for more information contact the National Council for Prescription Drug Programs, Inc. The HIPAA implementation guide can be accessed at: www.ncdpd.org The contact information is as follows:

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National Council for Prescription Drug Programs, Inc.

4201 North 24th Street

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PURPOSE

The purpose of the 5.1 guide is intended to provide guidelines to software vendors, switching companies and pharmacy providers as they implement the 5.0 standard. The information included in the Companion Guide defines the record layout for real-time (Point-of-Sale) claims transactions.

SPECIAL CONSIDERATIONS for NCPDP Version 5.1

System Availability

The Virginia Medicaid NCPDP transaction submission system is available to providers' 24 hours a day, seven days a week, except for scheduled downtime.

Transaction Format Information

Transaction Format

Virginia Medicaid will only accept NCPDP Standard Format Version 5.1 with the implementation of the new Virginia Medicaid system.

Virginia Medicaid Claims Transactions

Transaction Header Segment

Field: 101-A1
Field Name: BIN Number
Program Specific: Value = 010900

Field: 102-A2
Field Name: Version/Release
Program Specific: Value = 51

Field: 104-A4
Field Name: Processor Control Number

Program Specific: Value = 5148010900

Field: 201-B1

Field Name: Service Provider ID

Program Specific: Value =

As of May 23, 2008, only the 10 Digit Pharmacy NPI Number allowed.

Field: 202-B2

Field Name: Service Provider ID Qualifier

Program Specific: Value =

As of May 23, 2008, 01 (NPI) Only

Patient Segment

Field: 331-CX

Field Name: Patient ID Qualifier

Program Specific: Value = 02 (Medicaid ID)

Field: 335-2C

Field Name: Pregnancy Indicator

Program Specific: Value = 2 (to be used when requesting to bypass copay for reasons of pregnancy)

Claim Segment

Field: 447-E7

Field Name: Quantity Dispensed

Program Specific: Format = 9999999.999

Field: 600-28

Field Name: Unit of Measure

Program Specific: EA = Each

GM = Grams

ML = Milliliters

Field: 418-DI

Field Name: Level of Service

Program Specific: Value = 03 (to be used for "EMERGENCY")

Field: 461-EU

Field Name: Prior Authorization Type Code

Program Specific: Value = 5 (Anti-Ulcer Prior Authorization)

Field: 462-EV
Field Name: Prior Authorization Number Submitted
Program Specific: Values to override the Denial for Payment of Anti-Ulcer
Drugs used beyond Acute Treatment Limits.

DUR/PPS Segment

Field: 473-7E
Field Name: DUR/PPS Code Counter
Program Specific: Counter # for each DUR/PPS response set/logical setting

Field: 439 E-4
Field Name: Reason for Service Code
Program Specific: Code identifying the type of utilization conflict detected
(Values defined in NCPDP Data Dictionary)

Field: 440-E5
Field Name: Professional Service Code
Program Specific: Code identifying pharmacist intervention when a conflict
code has been identified (Values defined in NCPDP Data
Dictionary)

Field: 441-E6
Field Name: Result of Service Code
Program Specific: Action (outcome) taken by a pharmacist in response to a
conflict (Values defined in NCPDP Data Dictionary)

Pricing Segment

Field: 430-DU
Field Name: Usual and Customary Charge
Program Specific: Format = s\$\$\$\$\$cc

Compound Segment

For specific instructions on how to submit a COMPOUND PAYMENT REQUEST, refer
to NCPDP Standards.

General Information:

PAYER: <VIRGINIA MEDICAID>	
Processor: First Health Services	Information Source: First Health Services
Effective as of: June 21, 2003	Document Date: November 6, 2006
Transaction ID : FHS8	POS Application ID: P.88891000010121000001

➤ **Version 5.1 Transactions:**

NCPDP Lower Version Transaction Code	NCPDP Lower Version Transaction Name	NCPDP V.5.1 Transaction Code	NCPDP V.5.1 Transaction Name	<VIRGINIA MEDICAID> Transaction Support Requirements
00	Eligibility Verification	E1	Eligibility Verification	Required.
01 – 04	Rx Billing	B1	Billing	Required.
11	Rx Reversal	B2	Reversal	Required.
21 – 24	Rx Downtime Billing	N/A	N/A	Not supported in v.5.1.
31 – 34	Rx Re-billing	B3	Rebill	Required.
41	Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
45	Prior Authorization Inquiry	P3	Prior Authorization Inquiry	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
46	Prior Authorization Reversal	P2	Prior Authorization Reversal	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
51	Prior Authorization Request Only	P4	Prior Authorization Request Only	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
81 – 84	Rx DUR	N1	Information Reporting	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
91 – 94	Rx Refill	N/A		Not supported in v.5.1.
N/A	N/A	N2	Information Reporting Reversal	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.

NCPDP Lower Version Transaction Code	<u>NCPDP</u> Lower Version Transaction Name	NCPDP V.5.1 Transaction Code	NCPDP V.5.1 Transaction Name	<VIRGINIA MEDICAID> Transaction Support Requirements
N/A	N/A	N3	Information Reporting Rebill	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
N/A	N/A	C1	Controlled Substance Reporting	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
N/A	N/A	C2	Controlled Substance Reporting Reversal	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
N/A	N/A	C3	Controlled Substance Reporting Rebill	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.

➤ **Version 5.1 Transaction Segments Mandatory/ Situational/ Not Sent:**

<u>NCPDP</u> Request Segment Matrix			<VIRGINIA MEDICAID> Segment Support Requirements
Transaction Code	B1	B2	
Segment			
Header	M	M	Required.
Patient	O	O	Required.
Insurance	M	O	Required.
Claim	M	M	Required.
Pharmacy Provider	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.

			<VIRGINIA MEDICAID> Segment Support Requirements
Prescriber	O	N	Required.
COB/ Other Payments	O	N	Required (Required when there is COB activity).
Worker's Comp	O	N	Not required.
DUR/ PPS	O	O	Required (Required when there is DUR activity).
Pricing	M	O	Required.
Coupon	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
Compound	O	N	Required (Required when submitting a compound claim).
PA	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
Clinical	O	N	No planned requirements; <VIRGINIA MEDICAID> reserves the right to require at a future date.
NCPDP Designations: M= Mandatory; O = Optional; N = Not Sent.			

➤ **Important program highlights for v. 5.1:**

Virginia Medicaid
Partial Fills will be supported.
Compounds will be processed using the Compound Segment.
Product Service ID qualifier supported is 03 (NDC).

➤ **Field requirement legend:**

Code	Description
M	Designated as MANDATORY in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. These fields must be sent if the segment is required for the transaction.
R	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as REQUIRED by this program. These fields must be sent if the segment is required for the transaction.
RW	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as REQUIRED WHEN by this program. These fields must be sent if the condition described is met and the segment is required for the transaction.
O	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as NOT REQUIRED by this program. It is not necessary to send these fields.

**Virginia Department of Medical Assistance
(Virginia Medicaid)
June 21, 2003**

Transaction Header Segment

TRANSACTION HEADER SEGMENT			
Field	Field Name	Mandatory Required When Optional/Not Required	Values Supported
101-A1	BIN NUMBER	M	010900
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	E1 = Eligibility Verification B1 = Billing B2 = Reversal B3 = Rebill
104-A4	PROCESSOR CONTROL NUMBER	M	5148010900
109-A9	TRANSACTION COUNT	M	1 = One occurrence 2 = Two occurrences 3 = Three occurrences 4 = Four occurrences
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01 = NPI
201-B1	SERVICE PROVIDER ID	M	Pharmacy NPI
401-D1	DATE OF SERVICE	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	BLANKS are accepted

Insurance Segment

INSURANCE SEGMENT			
Field	Field Name	Mandatory Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	04
302-C2	CARDHOLDER ID	M	Medicaid ID
312-CC	CARDHOLDER FIRST NAME	R	REQUIRED; Cardholder is Patient
313-CD	CARDHOLDER LAST NAME	R	REQUIRED; Cardholder is Patient
314-CE	HOME PLAN	O	
524-FO	PLAN ID	O	
309-C9	ELIGIBILITY CLARIFICATION CODE.	O	
336-8C	FACILITY ID	O	
301-C1	GROUP ID	O	
303-C3	PERSON CODE	O	
306-C6	PATIENT RELATIONSHIP CODE	O	

Patient Segment

	PATIENT SEGMENT		
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø1
331-CX	PATIENT ID QUALIFIER	O	
332-CY	PATIENT ID	O	
3Ø4-C4	DATE OF BIRTH	R	REQUIRED Format = CCYYMMDD
3Ø5-C5	PATIENT GENDER CODE.	O	
31Ø-CA	PATIENT FIRST NAME	O	
311-CB	PATIENT LAST NAME.	O	
322-CM	PATIENT STREET ADDRESS	O	
323-CN	PATIENT CITY ADDRESS	O	
324-CO	PATIENT STATE / PROVINCE ADDRESS	O	
325-CP	PATIENT ZIP/POSTAL ZONE	O	
326-CQ	PATIENT PHONE NUMBER	O	
3Ø7-C7	PATIENT LOCATION	O	
333-CZ	EMPLOYER ID	O	
334-1C	SMOKER / NON-SMOKER CODE	O	
335-2C	PREGNANCY INDICATOR	RW	REQUIRED WHEN specific drug coverage consideration and/or to waive copay. 2 = Pregnant

Claim Segment

CLAIM SEGMENT			
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø
455-EM	PRESCRIPTION NUMBER QUALIFIER	M	1 = Rx Billing
4Ø2-D2	PRESCRIPTION NUMBER	M	
436-E1	PRODUCT ID QUALIFIER	M	Ø3 = NDC
4Ø7-D7	PRODUCT ID	M	
456-EN	ASSOCIATED PRESCRIPTION NUMBER	RW	REQUIRED WHEN "Partial Fill" situation.
457-EP	ASSOCIATED PRESCRIPTION DATE	RW	REQUIRED WHEN "Partial Fill" situation.
458-SE	PROCEDURE MODIFIER CODE COUNT.	O	
459-ER	PROCEDURE MODIFIER CODE	O	
442-E7	QUANTITY DISPENSED	R	REQUIRED
4Ø3-D3	FILL NUMBER	R	REQUIRED Ø = Original dispensing Ø1-99 = Refill number
4Ø5-D5	DAYS SUPPLY	R	REQUIRED
4Ø6-D6	COMPOUND CODE	R	REQUIRED Ø = Not Specified 1 = Not a compound 2 = Compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	REQUIRED
414-DE	DATE PRESCRIPTION WRITTEN.	R	REQUIRED
415-DF	NUMBER OF REFILLS AUTHORIZED	O	
419-DJ	PRESCRIPTION ORIGIN CODE	O	
42Ø-DK	SUBMISSION CLARIFICATION CODE	O	
46Ø-ET	QUANTITY PRESCRIBED	O	
3Ø8-C8	OTHER COVERAGE CODE.	R	REQUIRED Ø = Not Specified Ø1 = No Other Coverage Ø2 = Other coverage exists – payment collected Ø3 = Other coverage exists – claim not covered Ø4 = Other coverage exists – payment not collected Ø5 = Managed care plan denial Ø6 = Other coverage denied – not participating provider Ø7 = Other coverage exists – not in effect on DOS Ø8 = Claim is billing for copay.
429-DT	UNIT DOSE INDICATOR	RW	REQUIRED WHEN dispensing Manufacturer Unit Dose 2 = <i>Manufacturer Unit Dose</i>
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	O	
446-EB	ORIGINALLY PRESCRIBED QUANTITY	O	
33Ø-CW	ALTERNATE ID.	O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	O	
6ØØ-28	UNIT OF MEASURE	O	

	CLAIM SEGMENT		
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
Ø418-DI	LEVEL OF SERVICE	RW	REQUIRED WHEN identifying emergency conditions. Ø3 = Emergency
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW	REQUIRED WHEN overriding the “Dosage Limit Exemption” for Anti-Ulcer medication. 5 = Exemption from Rx.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	RW	REQUIRED WHEN overriding the “Dosage Limit Exemption” for Anti-Ulcer medications. 555555552Ø= Initial Therapy 5555555521= Gastroesophageal Reflux Disease (GERD) 5555555522= Pathological Hypersecretory Syndrome 5555555523= Zollinger-Ellison Syndrome 5555555524= Unhealed Ulcer (gastric, duodenal, peptic) 5555555525= History of Upper GI Bleeding 5555555526= Erosive Esophagitis
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID.	O	
464-EX	INTERMEDIARY AUTHORIZATION ID.	O	
343-HD	DISPENSING STATUS	RW	REQUIRED WHEN “Partial Fill” situation. Blank = Not Specified P = Partial Fill C = Completion of Partial Fill
344-HF	QUANTITY INTENDED TO BE DISPENSED	RW	REQUIRED WHEN “Partial Fill” situation. This is the Metric Decimal Quantity of medication that would be dispensed on an original fill if inventory were available. It is used in association with a “P” or “C” in DISPENSING STATUS field.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	RW	REQUIRED WHEN “Partial Fill” situation. This is the Days Supply for the Metric Decimal Quantity of medication that would be dispensed on an original fill if inventory were available. It is used in association with a “P” or “C” in DISPENSING STATUS field.

Pricing Segment

PRICING SEGMENT			
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	11
409-D9	INGREDIENT COST SUBMITTED	O	
412-DC	DISPENSING FEE SUBMITTED	O	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	O	
433-DX	PATIENT PAID AMOUNT SUBMITTED	O	
438-E3	INCENTIVE AMOUNT SUBMITTED	O	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	O	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	O	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED.	O	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	O	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	O	
426-DQ	USUAL AND CUSTOMARY CHARGE	R	REQUIRED. Format = s\$\$\$\$\$cc
430-DU	GROSS AMOUNT DUE.	O	
423-DN	BASIS OF COST DETERMINATION.	O	

Prescriber Segment

PRESCRIBER SEGMENT			
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	03
466-EZ	PRESCRIBER ID QUALIFIER	M	01 = NPI
411-DB	PRESCRIBER ID	R	Prescriber NPI
467-IE	PRESCRIBER LOCATION CODE.	O	
427-DR	PRESCRIBER LAST NAME.	O	
498-PM	PRESCRIBER PHONE NUMBER	O	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	O	
421-DL	PRIMARY CARE PROVIDER ID	O	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE.	O	
470-4E	PRIMARY CARE PROVIDER LAST NAME	O	

COB/Other Payments Segment

COB/OTHER PAYMENTS SEGMENT			
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø5
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Defined as "Count of other payment occurrences".
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** (Max = 1)	BLANK = Not Specified Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary Maximum # of occurrences supported = 1
339-6C	OTHER PAYER ID QUALIFIER	RW	REQUIRED WHEN other coverage code = 02 or 08
340-7C	OTHER PAYER ID	RW	REQUIRED WHEN other coverage code = 02 or 08
443-E8	OTHER PAYER DATE	RW	REQUIRED WHEN other coverage code = 02 or 08
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW	REQUIRED WHEN amount collected from other payer.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW	REQUIRED WHEN Other Payer Amount Paid Count and Other Payer Amount Paid are used. Ø8= Sum of All Reimbursements
431-DV	OTHER PAYER AMOUNT PAID	RW	REQUIRED WHEN Other Payer Amount Paid Count and Other Payer Amount Paid Qualifier are used. Maximum # of occurrences supported = 1 Format = s\$\$\$\$\$cc
471-5E	OTHER PAYER REJECT COUNT.	O	
472-6E	OTHER PAYER REJECT CODE	O	

DUR/PPS Segment

DUR/PPS SEGMENT			
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø8
473-7E	DUR/PPS CODE COUNTER	RW***R*** (Max = 2)	REQUIRED WHEN identifying a drug utilization review or professional pharmacy service occurrence. Maximum # of occurrences supported = 2
439-E4	REASON FOR SERVICE CODE	RW***R*** (Max = 2)	REQUIRED WHEN identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. Maximum # of occurrences supported = 2 AD=Additional Drug Needed AN=Prescription Authentication AR=Adverse Drug Reaction AT=Additive Toxicity CD=Chronic Disease Management CH=Call Help Desk CS=Patient Complaint/Symptom DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction DF=Drug-Food interaction DI=Drug Incompatibility DL=Drug-Lab Conflict DM=Apparent Drug Misuse DS=Tobacco Use ED=Patient Education/Instruction ER=Overuse EX=Excessive Quantity HD=High Dose IC=Iatrogenic Condition ID=Ingredient Duplication LD=Low Dose LK=Lock In Recipient LR=Underuse MC=Drug-Disease (Reported) MN=Insufficeint Duration MS=Missing Information/Clarification MX=Excessive Duration NA=Drug Not Available NC=Non-covered Drug Purchase ND=New Disease/Diagnosis NF=Non-Formulary Drug NN=Unnecessary Drug NP=New Patient Processing NR=Lactation/Nursing Interaction NS=Insufficient Quantity OH=Alcohol Conflict PA=Drug-Age PC=Patient Question/Concern PG=Drug-Pregnancy PH=Preventive Health Care PN=Prescriber Consultation PP=Plan Protocol PR=Prior Adverse Reaction PS=Product Selection Opportunity RE=Suspected Environmental Risk

DUR/PPS SEGMENT			
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
			RF=Health Provider Referral
440-E5	PROFESSIONAL SERVICE CODE	RW***R*** (Max = 2)	<p>REQUIRED WHEN identifying the pharmacist intervention when a conflict code has been identified or service has been rendered.</p> <p>Maximum # of occurrences supported = 2</p> <p>If the provider enters any INTERVENTION CODES <i>NOT SPECIFIED as ONE OF THE FOLLOWING</i>, the system will capture and report them, but will <i>NOT</i> override the edit. Values supported are:</p> <p>ØØ=No intervention AS=Patient assessment CC=Coordination of care DE=Dosing evaluation/determination FE=Formulary enforcement GP=Generic product selection MA=Medication administration MØ=Prescriber consulted MR=Medication review PE=Patient education/instruction PH=Patient medication history PM=Patient monitoring PØ=Patient consulted PT=Perform laboratory test RØ=Pharmacist consulted other source RT=Recommend laboratory test SC=Self-care consultation SW=Literature search/review TC=Payer/processor consulted TH=Therapeutic product interchange</p>
441-E6	RESULT OF SERVICE CODE	RW***R*** (Max = 2)	<p>REQUIRED WHEN describing action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.</p> <p>Maximum # of occurrences supported = 2</p> <p>All OUTCOME CODES will be captured and reported. The values are:</p> <p>ØØ=Not Specified 1A=Filled As Is, False Positive 1B=Filled Prescription As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 1H=Brand-to-Generic Change 1J=Rx-to-OTC Change 1K=Filled with Different Dosage Form 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3A=Recommendation Accepted 3B=Recommendation Not Accepted 3C=Discontinued Drug 3D=Regimen Changed 3E=Therapy Changed 3F=Therapy Changed-cost increased acknowledged</p>

	DUR/PPS SEGMENT		
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
			3G=Drug Therapy Unchanged 3H=Follow-Up/Report 3J=Patient Referral 3K=Instructions Understood 3M=Compliance Aid Provided 3N=Medication Administered
474-8E	DUR/PPS LEVEL OF EFFORT	O	
475-J9	DUR CO-AGENT ID QUALIFIER	O	
476-H6	DUR CO-AGENT ID	O	

Compound Segment

	COMPOUND SEGMENT		
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	1Ø
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R*** (Max = 13)	Maximum # of occurrences supported = 13 Ø3 = NDC
489-TE	COMPOUND PRODUCT ID	M***R*** (Max = 13)	Maximum # of occurrences supported = 13
448-ED	COMPOUND INGREDIENT QUANTITY	M***R*** (Max = 13)	Maximum # of occurrences supported = 13
449-EE	COMPOUND INGREDIENT DRUG COST	O	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	O	

Prior Authorization Segment

PRIOR AUTHORIZATION SEGMENT			
Field	Field Name	Mandatory Required Required When Optional/Not Required	Values Supported
111-AM	SEGMENT IDENTIFICATION	M	12
498-PA	REQUEST TYPE	M	
498-PB	REQUEST PERIOD DATE-BEGIN	M	
498-PC	REQUEST PERIOD DATE-END	M	
498-PD	BASIS OF REQUEST	M	
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	RW	No planned requirements at this time.
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	RW	No planned requirements at this time.
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	RW	No planned requirements at this time.
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	RW	No planned requirements at this time.
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	RW	No planned requirements at this time.
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	RW	No planned requirements at this time.
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	RW	No planned requirements at this time.
503-F3	AUTHORIZATION NUMBER	RW	No planned requirements at this time.
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	RW	No planned requirements at this time.